



Indiana Department of Revenue
Facility Information

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

Category Code (Check 1 box only) A (\$200.00) ☐ B (\$100.00) ☐ C (\$50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

Category Code (Check 1 box only) A (\$200.00) ☐ B (\$100.00) ☐ C (\$50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

Category Code (Check 1 box only) A (\$200.00) ☐ B (\$100.00) ☐ C (\$50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

Category Code (Check 1 box only) A (\$200.00) ☐ B (\$100.00) ☐ C (\$50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from Schedule A ☐